## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM D

OMB Number: 3235-0076 Expires: May 31, 2005 Stimated average burden

per response.....

OMB APPROVAL

NOTICE OF SALE OF SECURITAR PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT

Serial DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate	change.) 122 Sp 115
Windward V, L.P. Limited Partnership Interests	100009)
Filing Under (Check box(es) that apply):	Rule 4(6)
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	(\$ \$ \$ 1)   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
1. Enter the Information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate ch	ange.)
Windward V, L.P.	05068691
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Two Concourse Parkway, Suite 155, Atlanta, GA 30328	770-395-9091
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) same	same
Brief Description of Business	
Investment	BBAAFAA
Type of Business Organization	7 PRUCESSE
	other (please specify):
business trust limited partnership, to be formed	—
Month Year	_ THOMSON
Actual or Estimated Date of Incorporation or Organization: 0 4 0 4	□ Actual    □ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	
CN for Canada; FN for other foreign jurisdic	ction) D E
CENERAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B, Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. $\boxtimes$ Check Box(es) that Apply: Promoter | Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Prometheus V, LLC (Number and Street, City, State, Zip Code) Business or Residence Address Two Concourse Parkway, Suite 155, Atlanta, GA 30328 Beneficial Owner Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Santa Barbara Cottage Hospital/Foundation (Number and Street, City, State, Zip Code) Business or Residence Address Pueblo Street at Bath Street, Santa Barbara, CA 93102-0689 Promoter Executive Officer Director Check Box(es) that Apply: Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Kavli, Fred (Number and Street, City, State, Zip Code) Business or Residence Address 1801 Solar Drive, Suite 250, Oxnard, CA 93030 Beneficial Owner Executive Officer ☐ Director Check Box(es) that Apply: Promoter General and/or (of General Partner) Managing Partner Full Name (Last name first, if individual) Peters, Nicholas Business or Residence Address (Number and Street, City, State, Zip Code) 10315 High Falls Circle, Alpharetta, GA 30022-8439 ☐ Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) American Trading and Production Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 10 East Baltimore Street, Suite 1600, Baltimore, MD 21202 Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Fiducie Globale des regimes de retraite de la Societe de Transport de Montreal Business or Residence Address (Number and Street, City, State, Zip Code) 800 de la Gauchetiere Street West, Suite 8900, Montreal (Quebec) H5A 1J6, Canada ☐ Executive Officer and/or Check Box(es) that Apply: Beneficial Owner ☐ Director General Promoter Managing Partner Full Name (Last name first, if individual) Hallador Alternative Assets Fund LLC Business or Residence Address (Number and Street, City, State, Zip Code) 555 Dale Drive, Incline Village, NV 89451 Beneficial Owner General Check Box(es) that Apply: Promoter Executive Officer ☐ Director and/or Managing Partner Full Name (Last name first, if individual) The Duke Endowment (Number and Street, City, State, Zip Code) Business or Residence Address 100 North Tryon Street, Suite 3500, Charlotte, NC 28202

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				<u> </u>				NII (G)				Yes N	No
1. Has th	e issuer sole	d. or does	the issuer int	end to sell.	to non-accr	edited inves	tors in this	offering?		***************************************			$\boxtimes$
		., .,					,				••••		
					• •	Column 2, if	-						
<ol><li>What i</li></ol>	s the minim	num invest	ment that wi	ll be accept	ed from any	individual?	?			••••••••	••••	5,000,0	00*
			•						•		,	Yes N	No
3. Does t	he offering	nermit ioi	nt ownership	of a single	unit?							<b>X</b>	٦
												<u> </u>	<b>ت</b>
or similisted i	ilar remune s an associa broker or de	ration for s ated persor ealer. If m	solicitation of or agent of ore than five	f purchasers a broker or (5) persons	s in connect dealer regis s to be listed	ion with sal- tered with t	es of securi he SEC and	ties in the o Vor with a s	ffering. If a tate or state	ny commission person to be so, list the name aler, you may	ne		٠.
			that broker o	r dealer on	ly.								
Full Name	(Last nam	e first, if i	ndividual)				1						
			· 						·		•		
Business of	r Residence	e Address	(Number	and Street,	City, State,	Zip Code)							
146 Daver	nport Road	, Toronto	(Ontario) M	1SR 1J2 C	anada								
	Associated E				<del></del>								
Crane Ca	pital Assoc	iates, Inc.											
			las Solicited	or Intends t	o Solicit Pu	rchasers							
(Check	"All States"	or check	individual St	ates)	••••••			•••••				⊠ All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN] (NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	
Full Name	(Last nam	e first, if ii	ndividual)										
			- 63 1										
Business of	r Residence	e Address	(Number	and Street,	City, State,	Zip Code)							
			Villanova, P	A-19085									
Name of A	Associated E	Broker or I	Dealer				•						
	pital Parti				·								
States in V	Vhich Perso	n Listed H	las Solicited	or Intends t	o Solicit Pu	rchasers							
(Check	"All States"	or check	individual St	ates)						•••••		☐ All St	ates
[AL] X	[AK]	[AZ]	[AR]	[CA] X	[CO] X	[CT] X	[DE]	[DC]	(FL) X	[GA] X	(HI)	[ID]	x
(IL) X [MT]	[IN] X [NE] X	[IA] [NV]	[KS] X [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY] X	[MD] [NC] <b>X</b>	[MA] X [ND]	[МІ] <b>Х</b> [ОН] <b>Х</b>	[MN] [OK]	[MS]	[MO]	
[RI]	[SC]	[SD]	[TN] X	[TX]_X	[UT]	[VT]	[VA] X	[WA] X	[WV]	[WI]	[OK]	[PA] [PR]	
Full Name	(Last nam	e first, if in	ndividual)										
Draughan	, Debra D.												
Business of	r Residence	e Address	(Number	and Street,	City, State,	Zip Code)							
3620 Kens	slev Drive,	Inglewood	d, CA 90305					4		•			
	Associated E												
Process Ma	nagement C	Group, LLC											
			las Solicited	or Intends t	o Solicit Pu	rchasers							
(Check	"All States'	or check	individual St	ates)					••••••			☐ All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA] X	[CO] X	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] X [MT]	[NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] · [NM]	[ME] [NY] X -	[MD] [NC]X-	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX] X	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate ffering Price		An	nount Already Sold
	Debt	\$	0		\$	0
	Equity	\$	0			0
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$			\$	
	Partnership Interests	\$	50,000,000		\$	42,100,000*
	Other (Specify)	\$	0	•	\$	0
	Total		50,000,000	•	\$	42,100,000*
	Answer also in Appendix, Column 3, if filing under ULOE.	•	20,000,000		•	12,100,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors			Aggregate ollar Amount of Purchases
	Accredited Investors		10*	_	\$	42,100,000*
	Non-accredited Investors		0		\$	0
	Total (for filings under Rule 504 only)		n/a	_	\$	n/a
2	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities					
J.	sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of		D	ollar Amount
	Type of offering		Security			Sold
	Rule 505		n/a	_	\$	n/a
	Regulation A		n/a		\$	n/a
	Rule 504		n/a		\$	n/a
	Total				\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			_		
	Transfer Agent's Fees				\$	+
	Printing and Engraving Costs	· · · · · · · · · · · · · · · · · · ·			\$	+
	Legal Fees				\$	+
	Accounting Fees				\$	+
	Engineering Fees				\$	+
	Sales Commissions (specify finders' fees separately)	•••••	•••••		\$	+
	Other Expenses (identify) +The issuer will bear up to \$600,000 in aggregate offering expenses	· · • • • • • • • • • • • • • • • • • •		$\boxtimes$	\$	600,000+
*	Total  Includes one investor from Canada with an investment of US\$5,000,000.00	•••••		$\boxtimes$	\$	600,000+

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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	C. OFFERING PE	RICE, NUMBER OF INVESTORS, EXPENSES A	ND	US	E OF PROCE	DS		
	and total expenses furnished in response to	te offering price given in response to Part C - Quest Part C - Question 4.a. This difference is the "adju	isted				\$_	49,400,000
5.	each of the purposes shown. If the amount	oss proceeds to the issuer used or proposed to be use for any purpose is not known, furnish an estimate the total of the payments listed must equal the adju- nise to Part C - Question 4.b. above.	and					
					Payments to Officers, Directors, & Affiliates		P	ayments To Others
	Salaries and fees (management fees to GP o	fissuer)	$\boxtimes$	\$	1,000,000		\$	
	Purchase of real estate			\$	0		\$	
	Purchase, rental or leasing and installation	of machinery and equipment		\$	0		\$	
	Construction or leasing of plant buildings	and facilities		\$	0		\$	
		g the value of securities involved in this r the assets or securities of another issuer						
	1 0 /			\$			-	
	Repayment of indebtedness			\$			\$	
	Working capital (operating expenses of issue	er paid by GP of issuer)	$\boxtimes$	\$	1,000,000		\$	
	Other (specify): Investments in smaller m	iddle market recurring revenue service businesses		\$		$\boxtimes$	\$	47,400,000
				\$			\$	
	Column Totals		$\boxtimes$	\$	2,000,000	$\boxtimes$	\$	47,400,000
	Total Payments Listed (column totals adde	ed)				,400	,000	<u> </u>
		D. FEDERAL SIGNATURE						
sig	nature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If the r to furnish to the U.S. Securities and Exchange Concerdited investor pursuant to paragraph (b)(2) of Ru	nmis	sior				
	uer (Print or Type) INDWARD V, L.P.	Signature			Date October	<i>.20</i> ,	200	5
Ni	Name (Print or Type) cholas Peters	Title of Signer (Print or Type)  President and CEO of Prometheus V, LLC, General Partner of Issuer						

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<del></del>	ATTENTION	
Intentional misstatements or omissio	ns of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)	
	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.20	62 presently subject to any of the disqualification provisions of such rule?	Yes No □
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertal CFR 239.500) at such times as required	kes to furnish to any state administrator of any state in which this notice is filed, a no l by state law.	tice on Form D (17
3. The undersigned issuer hereby underta offerees.	akes to furnish to the state administrators, upon written request, information furnish	ed by the issuer to
•	the issuer is familiar with the conditions that must be satisfied to be entitled to to the in which this notice is filed and understands that the issuer claiming the availabilities conditions have been satisfied.	
The issuer has read this notification and kn duly authorized person.	nows the contents to be true and has duly caused this notice to be signed on its behalf	by the undersigned
Issuer (Print or Type) WINDWARD V, L.P.	Signature Date October 2	2, 2005
Name (Print or Type)	Title (Print or Type)	
Nicholas Peters	President and CEO of Prometheus V, LLC,	

General Partner of Issuer

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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# APPENDIX

1		2 3 4							
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		under Sta (if yes, explant waiver	ification hate ULOE , attach ation of granted) -Item 1)			
State	Yes	No		Number of Accredited Investors	Amount (\$)	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		1	LP Interests / \$50,000,000	3	\$14,500,000	0	0		/
СО									
CT									
DE									
DC									
FL									
GA		/	LP Interests / \$50,000,000	1	\$2,000,000	0	0		/
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA					!				
ME									
MD		/	LP Interests / \$50,000,000	3	\$6,600,000	0	0		/
MA									
MI									
MN									
MS									
МО									

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## APPENDIX

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)	Number of	investor and rchased in State C-Item 2)		Disqual under Sta (if yes, explana	attach ation of granted)	
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV		1	LP Interests / \$50,000,000	1	\$5,000,000	0	0		/
NH									
NJ									
NM	!								
NY									
NC		/	LP Interests / \$50,000,000	1	\$9,000,000	0	0		/
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT							! 		
VT									
VA									
WA									
WV									
WI									
WY									
PR									

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